ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name:	UNITED FINANCIAL CASUALTY COMPANY			Contact Person:	Andrew Rose
NAIC Number:	11770			Signature:	
Name of Advisory Organization Whose Filing You Are Referencing		N/A		Telephone No:	(804) 364-6776
Co. Affiliation to Advisory Organization: Member		Subscriber	Service Purchaser		

Reference Filing #: N/A Proposed Effective Date: 02/22/2006

(1)	(2) Indicated %	(3) Requested %	(4)	(5) Loss Cost	(6) Selected	(7) Expense	(8) Co. Current
LINE OF COVERAGE	Rate Level	Rate Level	Expected	Modification	Loss Cost	Constant (if	Loss Cost
By Coverage	Change	Change	Loss Ratio	Factor	Multiplier	applicable)	Multiplier
ВІ	-5.5%	-3.1%	74.1%	N/A	N/A	N/A	N/A
PD	7.2%	6.1%	74.1%				
UMBI	15.4%	-4.0%	74.1%				
UMPD	0.6%	0.6%	74.1%				
PIP	-2.2%	-3.1%	74.1%				
COMP	16.6%	14.5%	74.1%				
COLL	-2.9%	-1.9%	74.1%				
TOTAL OVERALL EFFECT	0.9%	1.2%	74.1%				

N Apply Loss Cost Factors to Future Filings? (Y or N)

12% Estimated Maximum Rate Increase for any Arkansas Insured (%)

-31% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

5 Year History

	Rate Change	e History		AR Earned	Incurred	Arkansas	Countrywide
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio
2004	301	-0.2%	8/04	661	397	60.1%	47.0%
2003	424	0.9%	11/03	470	225	47.9%	53.8%
2002	315	4.3%	4/03	183	117	63.9%	51.3%
2001	19	5.0%	9/02	0	0	0.0%	49.1%
2000	0	N/A	N/A	0	0	0.0%	74.2%

Corresponds to Question 3 on RP-2 or RF-WC

	Selected Provisions
A. Total Production Expense	15.7%
B. General Expense	1.7%
C. Taxes, License & Fees	4.5%
D. Underwriting Profit &	
Contingencies	4.0%
E. Other (Explain)	0.0%
F. Total	25.9%